



ITW

PTO/SB/21 (01-08)

Approved for use through 05/31/2008. OMB 0651-0031

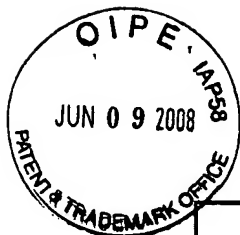
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/536,984-Conf. #6287
	Filing Date	February 23, 2006
	First Named Inventor	Harald Lang
	Art Unit	2851
	Examiner Name	W. C. Dowling
Total Number of Pages in This Submission	Attorney Docket Number	66793-227991

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> PTO Form SB08A that includes the application number <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Venable LLP's Date Stamped Filing Receipt of May 31, 2005 Copy of PTO Form SB/08 form filed on May 31, 2005
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Catherine M. Voorhees		
Date	June 9, 2008	Reg. No.	33,074



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/536,984-Conf. #6287
TOTAL AMOUNT OF PAYMENT		Filing Date	February 23, 2006
(\$)		First Named Inventor	Harald Lang
0.00		Examiner Name	W. C. Dowling
		Art Unit	2851
		Attorney Docket No.	66793-227991

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____	_____	_____

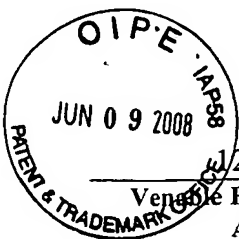
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,074
Name (Print/Type)	Catherine M. Voorhees	Telephone	(202) 344-4000
		Date	June 9, 2008



PATENT PROSECUTION RECEIPT OF FILING

126864

Venable Filing Number

Atty. Docket No: 39129-218713

Title of Application: OPTIMISATION OF THE ILLUMINATION
OF A PROJECTION APPLIANCE

Application No: TBA

Patent No.:

Attorney/LAA: CMV/ew

PTO Due Date: June 4, 2005

Current Date: May 31, 2005

Filing Date: May 31, 2005

Issue Date:

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

<input checked="" type="checkbox"/> National Stage Transmittal Letter	\$300	Basic National Fee
<input type="checkbox"/> Fee Transmittal Letter		
<input type="checkbox"/> New U.S. Provisional Application (pages of specification/claims)	200	Examination Fee
<input type="checkbox"/> Rule 53(d) Continued Prosecution Application	500	Search Fee
<input type="checkbox"/> Rule 53(b) Continuation or Divisional Application (<i>attach copy of specification, claims, drawings and declaration</i>)		Recordation/Indexing Fee
<input checked="" type="checkbox"/> Copy of PCT Application PCT/EP2003/013627		IDS Fee
<input type="checkbox"/> Request for Continued Examination (RCE) under 37 CFR 1.114		Extension Fee
<input checked="" type="checkbox"/> Copy of International Search Report		Notice of Appeal Fee
<input type="checkbox"/> Amendment Under PCT Article 34		Brief on Appeal
<input type="checkbox"/> Priority Document-Cert. Copy of Appln.#: ; Country		Oral Hearing Request Fee
<input type="checkbox"/> Date Filed:		Petition Fee
<input type="checkbox"/> Formal Drawings (sheets, Figs.)		Issue Fee
<input type="checkbox"/> Inventor Declaration		Publication Fee
<input type="checkbox"/> Assignment w/Cover Sheet		Maintenance Fee
<input type="checkbox"/> Response to Notice to File Missing Parts		Other Fees (Describe)
<input type="checkbox"/> Response to Notice to File Missing Requirements		
<input type="checkbox"/> Response to Restriction Requirement		
<input type="checkbox"/> Information Disclosure Statement with Form PTO SB/08A w/8 references attached		
<input type="checkbox"/> Response		
<input type="checkbox"/> <input type="checkbox"/> Amendment/ <input type="checkbox"/> Preliminary Amendment		
<input type="checkbox"/> Petition/Request for Extension of Time (mo. ext.)		
<input type="checkbox"/> Power of Attorney		
<input checked="" type="checkbox"/> Application Data Sheet		
<input type="checkbox"/> Sequence Listing - CDR Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Request for Non-Publication		
<input type="checkbox"/> Request to Rescind Non-Publication Request		
<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Notice of Appeal		
<input type="checkbox"/> Appeal Brief (<i>in triplicate</i>)		
<input type="checkbox"/> <input type="checkbox"/> Reply Brief (<i>in triplicate</i>)/ <input type="checkbox"/> Request for Oral Hearing		
<input type="checkbox"/> Confirmation of Hearing Petition		
<input type="checkbox"/> Issue Fee Transmittal		
<input type="checkbox"/> Certificate of Correction		
<input type="checkbox"/> Maintenance Fee Transmittal		
<input type="checkbox"/> Status Inquiry		
<input checked="" type="checkbox"/> Other: (<i>Please describe below</i>)		

Return Receipt Postcard

\$1000 Total Fees Paid

☐ Check Number

Attached

☒ Charge Deposit Account No.
22-0261*

*If the Deposit Account was
used, was a copy of this form
sent to Accounting?

☒ Yes ☐ No